

Child Care Facility Fund Grant Application Instructions

Part A. Applicant(s) Information

Section I

Provide all requested Childcare Applicant and/or Business Applicant information.

Note: Remember to contact CCFF program staff *before* you begin any application.

Section II Source of Project Proceeds

Indicate the amount of the grant being requested.

Indicate the amount the **child care provider** is contributing to starting or expanding the child care program (if the program is/will be contracted to a provider). Remember that the grant requires a **dollar for dollar match** – cash or in kind.

Indicate the amount the **business applicant** (if applicable) is contributing to starting or expanding the child care program.

Total project financing is the total amount of money needed to begin or expand the child care project. Include financing from all sources for the project.

Section III Use of Project Proceeds

This is a detailed description of costs and sources of funds for the specific project for which Child Care Facility Funds are being requested.

Include the total start-up and/or expansion budget from all sources. “CCFF Contribution” column (share of the costs) must equal the amount of the grant being requested.

Complete the “Provider Contribution” column for amount being invested by the child care provider. Complete the “Business Contribution” column for amount being invested by the private business contracting with the child care provider (if applicable).

Section IV Applicant(s) Must Provide Supporting Documentation

All information requested for Items A. through K. **must be on file** at the Department of Commerce before your application will be considered.

Part B. Child Care Provider Information

Section I Capacity of Child Care Facility

Note: If child care services will be contracted to a provider, please state the name of the provider's facility. Please indicate if the business applicant will be providing the care or if the applicant is the child care provider.

Indicate whether CCFF funds will be used to expand an existing facility or for a new facility. If this is an **expansion**, indicate **current** capacity and enrollment **and projected** capacity and enrollment. If this is a **new** facility complete the **projected** capacity information only. Indicate if you are a home care provider who proposes to become a licensed center provider in a new location.

Indicate the number of applicant or contracted business/company employee's children who will be served by this facility. You may need to project this number.

To determine the operating cost per child per day, divide the total annual cost of operating the program by the number of children served, by the number of days of service. You may need to project the hours of program operation.

Accreditation is not required. It is, however, a good indicator of a quality program.

Section II Personnel Costs

Complete hourly wage, benefits, number of FTEs and length of employment with program for all positions that apply to your program. List by position. Indicate if you intend to raise wages and/or benefits in the "2nd year" column. Please include a written summary of benefits (this could be included in your Employee Handbook).

Section III Children Receiving Services

Complete all parts that apply to your program. The "Staff/Child Ratio" column for both those children currently being served and the projected number should be completed for **expanding** programs only. **New** programs will complete the projected column and related staff/child ratio information only.

For both expanding and new programs the staff/child ratio must correspond with Appendix B.

If publicly subsidized children are being served, explain the subsidy that is being used, i.e., city, county, state.

Serving children in all categories listed is not required. It is, however, an indication of versatility of service and possible response to need.

Section IV Staff qualifications

Job descriptions must be included for all staff position descriptions where you currently have staff or those you project will be hired. Please include job descriptions for each position listed in Section II. Personnel, page 6 of the Grant Application. **Include résumés** of all staff and owner(s) whenever possible.

Section V Training

This is a very important section. Please complete it as described. You must project training topics and dates, at least six months up to one year. Adequate staff training is another indicator of a quality program.

Section VI Coordination within the Community

Describe how your program will work with other programs and/or organizations in the community to do such things as: coordinate services, serve other children, share training, share other resources, etc.

Section VII Types of Service

Describe the types of service that are/will be available, i.e. care for special needs children, sick children, infants, toddlers, pre-school, etc., as listed in Section III, page 6 of the Grant Application. Serving children listed in these categories is not a requirement for funding. However, their inclusion in the program indicates a strong commitment to child care.

Section VIII Developmentally Appropriate Activities / Sample Curricula

Program activities are those activities used with children during the period of time they are receiving care. This is frequently referred to as the curriculum. Describe the curriculum and write about the activities you plan to use **for each age group** that you will be serving, and how the activities fit with the developmental needs of the age groups you plan to serve:

- Mission/Philosophy of the center
- Weekly lesson plans
- Daily schedules
- Curriculum
- Classrooms and Ratios
- Environmental layout, i.e. classroom activities and environments

Some of this information may be covered in your Employee and Parent Handbooks

Section IX Staffing Patterns

Complete *projected* staffing pattern working hours. Please refer to Appendix B and fill out this form. Copy or print additional pages as needed.

Section X Provider Operating Budget

An operating budget is prepared for the operation of the center. Your operating budget reflects program priorities in terms of how money will be spent, the expenses anticipated to be incurred and how expenses will be met with the income to be received. Calculate your operating budget **beginning** with the month you intend to open or to begin your expansion.

Income Section: List all income from all sources that you anticipate on both a **monthly** and **annual** basis.

Usually the primary source of income for the program will come from fees paid by parents. To project income from Parent Fees, multiply the anticipated number of children times the amount the program charges per day, times the number of days of operation per month. This gives you a monthly figure for parent fees.

Caution: remember that enrollment may vary from month to month, season to season. Attach your assumptions for the number of children enrolled **per month** for a 12-month period beginning with the month you intend to open or to begin your expansion, as well as a current parent fee schedule, to the Operating Budget.

Operating Expenses Section: List all expenses that you anticipate on both a **monthly** and **annual** basis.

For example, to calculate costs for Substitutes multiply the number of Substitutes anticipated by the amount the program intends to pay per hour, times the number of hours a need is anticipated. Be sure to list all anticipated monthly expenses **in each category** listed, as they apply, including any monthly payments on loan and leases.

Remember - Total Annual Income Must Cover All Annual Expenses!

Section XI Operating Cash Flow Forecast

It is important to determine if the monthly income will produce enough money to pay each month's bills. An estimated cash flow projection will help determine this. If the anticipated cash flow does not cover expenses, costs must be reduced and/or additional income acquired.

Complete the chart for 12 months, **beginning** with the month you intend to open or to begin your expansion. Make sure that the **totals on the cash flow sheet compare with** the annual income and expenses on **your operating budget**. Straight line projections for

start up businesses are *generally not acceptable*. Contact staff if you have any questions how to proceed with this section.

Application and All Accompanying Documents Must Be Signed And Dated.

Mail Completed Applications to:

Tom Stilz
CCFF Program Manager
Department of Commerce
1011 Plum Street NE
PO Box 42525
Olympia WA 98504-2525

Note: Financial and commercial information and records supplied during the application for loans, grants or program services provided pursuant to Chapter 43.31 RCW are exempt from public disclosure.